

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) BIC-1364
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">In re Application of MEADE, Christopher J. M. et. al.</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"><div>Application Number 10/614,365</div><div>Filed July 7, 2003</div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; text-align: center;">PHARMACEUTICAL COMPOSITIONS BASED ON For ANTICHOLINERGICS AND PDE-IV INHIBITORS</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"><div>Group Art Unit 1623</div><div>Examiner Eric Olson</div></div>		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"><div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) (2<sup>nd</sup> month)</div><div>\$330.00</div></div><div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</div><div>\$ _____</div></div><div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</div><div>\$ _____</div></div><div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</div><div>\$ _____</div></div><div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</div><div>\$ _____</div></div></div> <div style="margin-left: 40px;"><div><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</div><div><input type="checkbox"/> A check in the amount of the fee is enclosed.</div><div><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</div><div><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</div><div><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</div></div> <div style="margin-left: 40px;">I have enclosed a duplicate copy of this sheet.</div> <div>I am the <input type="checkbox"/> applicant/inventor.<div style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</div><div style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</div><div style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____.</div></div> <div style="text-align: center; margin-top: 20px;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><u>April 23, 2007</u> Date</div><div style="text-align: center;"><u>/John A. Sopp/</u> Signature  <u>John A. Sopp, Reg. No. 33,103</u> Typed or printed name</div></div> <div style="margin-top: 10px;"><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</small></div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"><input type="checkbox"/> *Total of _____ forms are submitted.</div>		